

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Coast Seafood Company**
ADDRESS **P.O. Box 166**
South Bend, WA
COUNTY **Pacific**
FACILITY
LOCATION **1200 Robert Bush Drive**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

WA0002186
PERMIT NUMBER

(17-19)

001
DISCHARGE NUMBER

Monthly

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

NOTE: Read instructions before completing

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
pH	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT				6		9	S.U.	0	01/30	GRAB				
Temperature	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					65	65	F	0	01/30	GRAB				
TSS calculated	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT			lbs/day					0	01/30	CP				
TSS Sample Concentration (lab)	SAMPLE MEASUREMENT														
	SAMPLE MEASUREMENT					Report	Report	mg/L	0	01/30	CP				
Oil & Grease calculated	PERMIT REQUIREMENT														
	PERMIT REQUIREMENT			lbs/day					0	01/30	GRAB				
Oil & Grease Sample Concentration (lab)	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT					Report	Report	mg/L	0	01/30	GRAB				
Enterococci	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT		REPORT	#/100 mL					N/A	01/30	GRAB				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE						
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Fecal Coliforms	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT		REPORT	#/100 mL					N/A	01/30	GRAB		
Flow	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT		REPORT	GPD					N/A	01/30	METERED		
Production	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT		REPORT	lbs/day					N/A	01/30	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
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